

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P680: Coventry Healthcare of Delaware Inc.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 1,382,385
Services Submitted: 1,382,385

Source File: P680_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)	51,973	55,193	6.2	1,024,963	1,075,245	4.9	51,353,810	58,114,194	13.2
2: PPO-POS									
3: PPO or Other Managed Care	757	1,190	57.2	14,053	21,644	54.0	639,192	1,040,397	62.8
4: Indemnity Care									
5: HMO-POS Rider	12,680	13,646	7.6	261,659	285,496	9.1	13,001,702	15,206,484	17.0
6: EPO									
9: Payer Code=9 (Unknown and Missing)									
Total	64,713	68,300	5.5	1,300,675	1,382,385	6.3	64,994,704	74,361,075	14.4

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	706	1,063	50.6	9,613	13,653	42.0	639,192	974,074	52.4
HMO Fee for Service	62,941	63,290	0.6	841,929	841,245	-0.1	64,355,512	69,144,325	7.4
HMO Capitated	33,346	34,657	3.9	449,133	465,005	3.5			
Medicare, All Types									
No Plan Assigned		2,349			62,482			4,242,676	
Total	64,713	68,300	5.5	1,300,675	1,382,385	6.3	64,994,704	74,361,075	14.4

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental									
2: Individual Plan		29			183			5,691	
3: Private Employer Sponsored Fully Self-Ins	2,999	2,041	-31.9	73,363	40,906	-44.2	3,854,626	2,370,306	-38.5
4: Private Employer Sponsored Insured	19,693	21,770	10.5	409,912	423,899	3.4	20,314,481	22,667,507	11.6
5: Public Employee	933	1,512	62.1	15,423	33,156	115.0	898,514	2,219,187	147.0
6: Comprehensive Standard Health Benefit Plan	41,516	43,826	5.6	801,977	884,241	10.3	39,927,083	47,098,384	18.0
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)									
Missing or Invalid Code									
Total	64,713	68,300	5.5	1,300,675	1,382,385	6.3	64,994,704	74,361,075	14.4

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.